



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**CMI INTOXILYZER 5000 MAINTENANCE REPORT**

**RECEIVED**  
By Carol Day at 3:32 pm, May 12, 2014

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN <b>66-005157</b>	NAME OF AGENCY <b>Independence</b>	DATE OF INSPECTION <b>05-09-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>223 N. Memorial Drive</b>		TIME OF INSPECTION <b>2013 HRS</b>

**CHECKLIST:** Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DVM TEST: (.350 ± .150) <b>.419</b>
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) <b>05/09/14 2014 HRS</b>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>Guth Lab Inc</b> LOT # <b>13290</b> EXP. DATE <b>10/29/2015</b>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <b>34°C</b> SIMULATOR SN <b>DR4900</b> EXP. DATE <b>02/21/2015</b>
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <b>.098</b>	TEST 2 <b>.102</b>	TEST 3 <b>.102</b>
--------------------	--------------------	--------------------

☒ PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <b>///</b>	0-.04 <b>/</b>	.05-.09	.10-.14 <b>/</b>	.15-.19	Over .19 <b>//</b>
---------------------	----------------	---------	------------------	---------	--------------------

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

**Instrument meets all DHSS standards**

**INSPECTING OFFICER**

SIGNATURE <b>Todd Hargis</b>	PRINT FULL NAME <b>Todd Hargis</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230146 08/01/15</b>	TELEPHONE NUMBER <b>816 325-7293</b>

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901

120 CALIBRATION UNIT  
INITIALIZER ANOMALY ANALYZER  
US MODEL 5000 SH 26-005157  
06/05/2014

DIAGNOSTIC TEST 20:14

FROM CHECK	E735/23	PASSED
PHI CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		PASSED
SYNC PULSE		PASSED
SYNC SPEED		PASSED
REG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED
DIAGNOSTIC		PASSED

PRINTER CHECK  
PR00EFGHJALNOPQRSTUWXYZ  
0123456789

COMMENTS

*hang ref*

OFFICER'S SIGNATURE & SERIAL NO.

[illegible][illegible]

100

一、  
 二、  
 三、  
 四、  
 五、

[illegible]

COMMENTS:

May 87

OFFICER'S SIGNATURE &amp; SERIAL NO.

HPD TELEPHONY UNIT  
IN CHARGE: [illegible] AIR YZER  
DATE: 03/23/2014 01:15:00  
03/23/2014

TEST	NSAC	TIME
AIR BLANK	.000	20:19
CAL. CHECK	.233	20:20
AIR BLANK	.000	20:20
CAL. CHECK	.197	20:20
AIR BLANK	.000	20:21
CAL. CHECK	.197	20:21
AIR BLANK	.000	20:21

NO RFI PRESENT

COMMENTS

*Hang 84*

OFFICER'S SIGNATURE & SERIAL NO.

05/05/2014  
20123

21 22 2015  
27 28 29  
100 101 102  
100100 - 871

COMMENTS

Hayes

OFFICER'S SIGNATURE & SERIAL NO.



**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

PERMIT  
TYPE II

TODD W HARGIS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000, INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/1/2013

NUMBER 230146

EXPIRES 8/1/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David Vesterberg*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES, acting director

LAB-4 (R6-10)



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.





## Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:  
19 CSR 25-30.051 (4).

Checked: 2/21/2014 Expires: 02/21/2015

Digital Therm. SN:093752 Temp:34.00

MSC Tech:RW

Agency: INDEPENDENCE POLICE DEPT

DR4900



Technician Printed Name: ROBERT WELSH

Technician Signature: 

Date: 2/21/2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834



IN THE STATE OF MISSOURI  
COUNTY OF JACKSON

**AFFIDAVIT**

Before me, the undersigned authority personally appears Todd Hargis.  
Who, being by me duly sworn, deposed as follows:

My name is Todd Hargis I am of sound mind, capable of making this  
affidavit, and personally acquainted with the facts herein stated.

I am the custodian of the records of *Intoxilyzer 5000* Serial number 66-005157.  
Attached hereto are 8 pages of records from the **Independence Missouri Police  
Department**. These pages of records are kept by the **Independence Missouri Police  
Department** in regular course of business of the **Independence Missouri Police  
Department** for an employee or representative of the **Independence Missouri Police  
Department** with the knowledge of the act, event, condition, opinion, or diagnosis  
recorded to make the record or to transmit information thereof to be included in such  
record, and the record was made at or near the time of the act, event, condition, opinion  
or diagnoses. The records attached hereto are the original or exact duplicates of the  
original.

Todd Hargis  
AFFIANT

Subscribed and sworn to me on this 12 day of May, 2014.

Shari L. Rector  
NOTARY PUBLIC

SHARI L. RECTOR  
Notary Public - Notary Seal  
State of Missouri  
Commissioned for Jackson County  
My Commission Expires: December 15, 2015  
Commission Number: 11416504